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COMBINED DECLARATION AND POWER OF ATTORNEY

· As a below named inventor, I hereby declare that

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10/517430

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: An apparatus and work plane for cutting a material

the spe	cification of which: (chec	ck one)		-	
		REGULAR OR DESIG	N APPLICATION		
	is attached hereto.				
		as applicati			
	PC ⁻	T FILED APPLICATION ENTE	RING NATIONAL STAGE		
\boxtimes	was described and cla	vas described and claimed in International application No. <u>PCT/IB03/02501</u> filed on <u>06.06</u> .2003 and as amended on(if any).			
l hereby claims,	y state that I have revie as amended by any ame	wed and understand the contract and understand to above.	ents of the above-identified sp	ecification, including the	
l acknow Regulat	wledge the duty to disclosions, §1.56.	se information which is materia	al to patentability as defined in	Title 37, Code of Federal	
cate list	ed below and have also	enefits under 35 USC 119 of a identified below any foreign a ation on which priority is claimed PRIOR FOREIGN API		atent or inventor's certifi- 's certificate having a fil-	
	Country	Application Number	Date of Filing (day, month, year)	Priority Claimed	
	ITALY	BO2002A000368 /	11.06.2002	Yes	
I hereby tion(s) li	r claim the benefit under ⁻ sted below:	Title 35, United States Code §1	119(e) of any United States pro	visional patent applica-	
Applicat	ion No.	Filing Date	Status (patented, _l	pending abandoned)	
I hereby ject mate provided patentat	claim the benefit under ter of each of the claims I by the first paragraph o bility as defined in Title 3	of this application is not disclos of 35 USC 112, I acknowledge	ites application(s) listed below sed in the prior United States a e the duty to disclose informa §1.56 which became available og date of this application:	pplication in the manner tion which is material to	
Applicati	on No.	Filing Date	Status (patented, p	pending abandoned)	

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POWER OF ATTORNEY

10/517430 Docket No.

The undersigned hereby authorizes the U.S. attorney or agent named herein to accept and follow instructions from _____ as to any action to be taken in the Patent and Trademark Office regarding this application without direct communication between the U.S. attorney or agent and the undersigned. In the event of a change in the persons from whom instructions may be taken, the U.S. attorney or agent named herein will be so notified by the undersigned.

As a named inventor, I hereby appoint the registered patent attorneys represented by Customer No. 00466 to prosecute this application and transact all business in the Patent and Trademark Office connected therewith, including: Robert J. PATCH, Reg. No. 17,355, Andrew J. PATCH, Reg. No. 32,925, Robert F. HARGEST, Reg. No. 25,590, Benoît CASTEL, Reg. No. 35,041, Thomas W. PERKINS, Reg. No. 33,027, Roland E. LONG, Jr., Reg. No. 41,949, and Eric JENSEN, Reg. No. 37,855,

c/o YOUNG & THOMPSON Second Floor 745 South 23rd Street Arlington, Virginia 22202

00466

PATENT TRADEMARK OFFICE

Address all telephone calls to Young & Thompson at 703/521-2297. Telefax: 703/685-0573.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor cesare BECCARI Inventor's signature: Digree Fig. 1.2.	D-4	
The first of a signature.	Date:	November 25, 2004
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Inventor's signature:	Date:	
Residence:		·
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Residence:	Citizenship:	
Post Office Address:		
Full name of fourth joint inventor, if any:		
Inventor's signature:	Date:	
Residence:	Citizenship:	